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Bib Data Sheet

CONFIRMATION NO. 6537

<b>SERIAL NUMBER</b> 09/874,140	<b>FILING OR 371(c) DATE</b> 06/06/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 058315/0127
<b>APPLICANTS</b> Markus Eickmann, Marburg, GERMANY; Dorothee Gicklhorn, Gladenback, GERMANY; Klaus Radsak, Marburg, GERMANY; Hans-Peter Hauser, Einhausen, GERMANY; Bernhard Giesendorf, Michelbach, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/219,337 12/23/1998 PAT 6,258,363				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 57 765.2 12/23/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/01/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 10
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 26633				
<b>TITLE</b> Varicella zoster virus (VZV) immunoreactive protein VP26 and its diagnostic use				
<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	